ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIA 939 Main Street	NL
PETITIONER: RESPONDENT:	
READINESS CONFERENCE OPTION	CASE NUMBER:
☐ Petitioner ☐ Respondent requests setting of a READINESS CO ☐ Petition	ONFERENCE due to filing of:
☐ Notice of Motion/Order to Show	
☐ Default	
Response	
☐ Mediation	
Dated:	
	ature of party
Print	t or type name of party
On or before (date): Dept: Courthouse Lo Address of Court: Superior Court, County of Imperial 939 West Main St	